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BY

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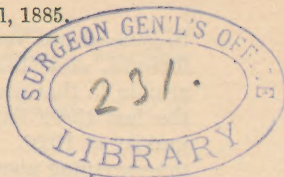
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CATALEPSY IN A CHILD THREE YEARS OLD.

By A. JACOBI, M.D.,

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Surgeons of New York.

FANNIE C., aged three years; admitted to Mount Sinai Hospital, New York, September 4, 1879. Some weeks previous to her admission she suffered from headache, for which she was given castor oil. Diarrhœa then set in, and continued; at her admission her pulse was 136, respiration 30, and temperature $103\frac{3}{4}^{\circ}$ F. The tongue was red at its edges; the spleen was enlarged; she had roseola, very slightly tympanites, and diarrhœa. These symptoms of her typhoid fever continued for some time, with a temperature ranging from 105° down to 101° F. She coughed a good deal.

September 10th. It was recognized that she had whooping-cough, and she was removed from the ward.

16th. It was noted that the diarrhœa was better, and on the 17th she was without fever. On the 23d her pulse was stronger, and it was hoped that she would then go on to recovery. On that day, however, a slight spasm of the eyelids was noticed. She coughed but little, but cried a great deal. There were rales with slight dulness at the right apex. At 5 P. M. she urinated quite freely, the twitching continued, and her pulse was 102 and weak. She spoke only a little, but cried a good deal during the next few days.

24th. She had passages which contained some undigested milk. Her appetite was good, and she took milk, soup, egg, etc.

25th. At 10 A. M. there was a good deal of twitching of the lids, and also the eyeballs turned upward, tonically; occasionally there was divergent strabismus; but in the night she slept with her eyes closed.

When the arms were lifted up they would remain in any position in which they were placed. When she was directed, in a loud voice, to drop the arms she would slowly do so. Her legs were in a similar condition, and would remain in the position in which they were placed. The fourth finger, taken separately, remained extended or flexed when placed in either position. The arm could be partly extended, partly flexed with some force, and remained in that position. Still there was some voluntary action left; for, when her arms and hands were in a natural position, she would attempt to take a penny from the bedclothes. Her muscular action

in general was very deficient. When she was set up in bed, her head fell forward, and then, again, when the arm was lifted vertically, it would remain in that position for minutes, and then slowly come down. During the last three days she passed a large quantity of urine, with a specific gravity of 1020. Her extremities were very cold, and she was indifferent to everything about her; but when she was aroused by strong impressions, even the twitchings of the eyelids would, for a moment, cease.

27th. The patient was a little stronger, and sat up in bed. She held her head erect while being fed. The twitching of her muscles persisted. When the extremities were placed forcibly in the cataleptic position, reduction was attended with little pain. The lower extremities were less abnormal than the upper ones. She could stand and walk two or three steps. Sensibility to contact, pain, and temperatures entirely lost. A needle could be run through the skin without eliciting any evidence whatever that it produced pain; tickling the soles of the feet yielded only slight reflex movements; the patella tendon reflex was greatly diminished; her eyes were staring, and her appetite was ravenous.

28th. Easily awakened from sleep; one passage from the bowels; answered questions; anæsthesia and analgesia persistent; conjunctivæ, eyeballs, eyelashes could be touched without giving rise to twitching; sight good; appetite ravenous, and swallowing easy. Pennies occasionally taken from the bedclothes; bowels more constipated than they were yesterday.

29th. Pulse 88; respiration 26; temperature 97° F. Less twitching of the eyelids; patient appeared brighter, but anæsthesia and analgesia persisted, and the arms were strongly cataleptic; appetite continued ravenous; the pupils were equal, and responded to light; the urine was passed in large quantity, and had a specific gravity of 1020.

30th. Pulse 84; respiration 30; temperature 98° F. Two stools; a small ulceration existing upon one arm began to extend; the patient was very cross; the Schneiderian membrane was very sensitive; slight touch produced sneezing.

October 1st. Pulse 92; respiration 22; temperature 99° F. The cataleptic position of arm was sustained one minute; there was no twitching of the eyelids, and the patient appeared brighter; anæsthesia and analgesia remain unchanged. When an arm was flexed a good deal of strength was required to extend it. Urinated once or twice every hour.

2d. Loss of sensation complete; surface of body and extremities warmer, quantity of urine less, and strength of the patient increased.

3d. When an arm was extended or flexed it dropped at once. Reflex movements on pricking with needles.

4th. Pulse 84; temperature 99° F. Four passages from the bowels, for which tinct. opii camphorata was given; anæsthesia and analgesia as before. Four more passages.

6th. Cataleptic position held out one minute. Three passages from the bowels, and opium was increased.

7th. Slept well. Passed a large quantity of urine; slight reflex movements on tickling and pricking the feet. The opium was suspended, and camphor and whiskey given.

8th. Less diarrhœa, and surface warmer. Ulceration on arm looked better. Again Schneiderian membrane and conjunctiva gave reflex movements on tickling.

9th. Patient brighter; anæsthesia and analgesia as before; arm and fingers retained cataleptic position forty-five seconds; urine 1015; no

albumen. Pulse 76; respiration 18; and temperature 99° F. A good deal of strength was required, on the part of the attendant, to overcome the cataleptic position while it lasted.

13th. Pulse regular; surface warmer; feet still cold; called for drink frequently, Cataleptic condition unchanged.

14th. Sat in a rocking-chair.

15th. Asked for chamber. On tickling, no reflex; no patella reflex. Cataleptic condition persisted to a slight degree; no twitching of the eyelids.

After this time the general condition of the patient improved, and at about the 20th of October the cataleptic symptoms had entirely disappeared. She was still in bed November 5th, but sat up occasionally; her appetite was no longer ravenous; urine less copious.

The child recovered, but remained anæmic and weak longer than patients recovering from typhoid fever are liable to do.

The only case of catalepsy in a child which has come to my notice besides the one reported by me occurred in a boy of thirteen, who suffered from chorea magna during the space of two years before he died in an insane asylum. His attacks of chorea were very violent indeed, interrupted by intervals of several weeks, in which both his convulsive efforts and his psychopathic condition would improve, and would alternate sometimes with brief attacks of catalepsy, with but partial consciousness, diminished or destroyed will power, and the waxy flexibility, all of which symptoms were present in my other case, and are claimed to be those of the morbid condition under consideration.

The literature of the subject in general is by no means inconsiderable, but the cases observed during childhood are but few in number. In his paper, published in Gerhart's *Handb. d. Kinderk.*, vol. v. l. p. 186 *et seq.*, Monti quotes but eleven cases met with in children, male and female in about equal numbers, of from five to fifteen years, the average age being nine years. I know of no case previously reported of a child of three years; in it all the symptoms, psychic indolence, normal or abnormal temperature, cold surface, anæsthesia, analgesia, *flexibilitas cerea*, and diminished patellar reflex (the latter is frequently intact) were found combined. The increase of urine during a good part of the catalepsy was a remarkable feature, such as is seen in hysteria of both adults and children. But while it contained no sugar, and nothing abnormal, except large quantities of phosphates, it had the, in children, unusual spec. grav. of 1015-1020.



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